

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13098**
Registrar's No. **378**

FILED MAY 5 1947
Registration District No. **128**

Primary Registration District No. **2000**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community 32 Years years, months or days)

3. (a) PRINT FULL NAME SARAH REBECCA CANNADY

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Thomas Cannady

6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased June 11, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>11</u>	hr. min.

9. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business George W. Hankins

12. Name

13. Birthplace unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Hart

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lawrence Justice

(b) Address 719 College St., Springfield, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Roberson Prairies

18. (a) Signature of funeral director Fred C. Thiese

(b) Address Springfield, MO.

19. (a) 4-25-47 (Date received local registrar)

(b) W E Handley M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 719 College St.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month April day 22nd
year 1947 hour 1:45 P.M. minute M.

21. I hereby certify that I attended the deceased from May 1946 to 4-22-47, 1947
that I last saw her alive on 4-22-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hyponatremia Rt. Kidney
to nephrosis & kidney

Duration 1 1/2
3/20

Due to

Due to

Other conditions Arthritis of Spine
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

23. Signature (M. D. or other)

Address Springfield, Mo. Date signed 4-23-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ralph N. Thieno
Licensed Embalmer No. 3681
P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.